HEALTHY 2010 ARIZONA

Oral Health

The first-ever *US Surgeon General's Report on Oral Health* released in 2000, reports a neglected epidemic of dental disease in the United States. However, dental problems have often been considered as less significant than other health issues. This lack of attention has substantial costs for affected individuals and society. For many, oral conditions severely interfere with eating, sleeping, speaking, learning, working and playing. Oral health is inseparable from overall health and well-being.

The good news is that most oral diseases are preventable. Even so, tooth decay remains the most common chronic disease among children: five times more common than asthma and seven times more common than hay fever. When compared to the nation, Arizona children fare poorly. Estimates indicate that more Arizona children suffer from tooth decay than the national averages. In Arizona, 5% of children ages 6 months through 2 years have had tooth decay. By the time children reach 11 to 13 years, over 65% heave experienced tooth decay and by the time adults reach age 45, more than 99 percent have had decay.

Some of the methods to prevent dental diseases include dental sealants, drinking fluoridated water and having access to dental care. The high levels of dental disease in Arizona and the high treatment costs they generate can be managed given the use of proper preventive methods. Yet, Arizona residents suffer from higher rates of disease and benefit less from proven preventive methods. Only 8% of eight year old children have dental sealants and only 47% of Arizona's population on public water supplies benefit from fluoridated water. Additionally, many Arizonans lack regular preventive dental care. A recent survey revealed that 21% of Arizona adults and 31% of Arizona children have never had a dental check-up.

One barrier to receiving dental services is access to dental care providers. Arizona suffers from an unequal distribution of dental care providers (dentists and dental hygienists). More providers practice in or near major communities including Greater Phoenix, Flagstaff, and Tucson. This distribution results in underserved areas and populations. Individuals residing in rural areas may lack adequate transportation or have unreasonable travel distances which affect access to providers. In additional to the uneven distribution of providers, there may exist an inadequate supply. Arizona's ration of dentist-to-population is lower than the US average. Arizona has one dentist to every 2,250 people whereas the national average is one dentist to every 1,740 people, a difference of 510 people per dentist.

Additionally, Arizonans report one of their major barriers to receiving dental services relates to finances. While 24% of Arizonans lack medical insurance, over 44% of adults and 38% of children lack dental insurance.

In summary, more Arizonans have dental disease than found nationally, yet benefit less from proven preventive methods while many report difficulty accessing dental services. Additional efforts and expansion of current initiatives are needed to improve the oral health for children and adults in this state.

Objective #1	Increase the proportion of children, adults, and older adults who receive dental care each year.
Strategy 1.1	Promote enrollment in and utilization of publically funded dental insurance programs.
Strategy 1.2	Ensure that Arizona has maximized the number of Dental Health Professional Shortage Areas for which it is allowed.
Strategy 1.3	Promote annual dental examinations as a minimum standard.
Strategy 1.4	Establish (by 2002) new dental care delivery systems, e.g. school-based, mobile, portable, etc.)
Strategy 1.5	Increase dental providers in dentally underserved areas of the state.
Objective #2	Increase the proportion of residents with comprehensive dental insurance.
Objective #2 Strategy 2.1	·
-	dental insurance.
Strategy 2.1	dental insurance. Promote employer-based dental insurance. Expand (by 2005) comprehensive dental coverage to adults through state-funded health insurance programs (i.e., AHCCCS,
Strategy 2.1 Strategy 2.2	dental insurance. Promote employer-based dental insurance. Expand (by 2005) comprehensive dental coverage to adults through state-funded health insurance programs (i.e., AHCCCS, KidsCare, sliding fee, etc.) Seek additional funding for dentally-uninsured, low-income

Strategy 3.2	Establish (by 12/31/2001) a water fluoridation data monitoring system.
Objective #4	Reduce the proportion of children who have ever had tooth decay. (Measured at preschool and elementary levels)
Strategy 4.1	Increase education of all health professionals on the importance of oral health.
Strategy 4.2	Increase public education on the importance of oral health.
Strategy 4.3	Expand the state-sponsored dental sealant program statewide.
Objective #5	Reduce the proportion of children who currently have untreated tooth decay. (Measured at preschool and elementary levels)
Strategy 5.1	Educate health professionals on appropriate early oral assessments, diagnosis, referrals and treatments for children.
Strategy 5.2	Increase education of health professionals on importance of early oral assessments, diagnosis, appropriate referrals and treatments for children.
Strategy 5.3	(See 1.4 above).
Strategy 5.4	Increase dental providers in dentally underserved areas of the state.
Strategy 5.5	Promote enrollment in and utilization of publically funded dental insurance programs.